

**STATE OF UTAH DEPARTMENT OF INSURANCE  
PROVIDER APPLICATION FOR CONTINUING EDUCATION CREDIT IN  
UTAH**

(COMPLETE THE EXHIBIT A AND SUMBIT WITH YOUR OUTLINE TO [MCOVINGTON@UTAH.GOV](mailto:MCOVINGTON@UTAH.GOV))

**EXHIBIT A**

**Section 1**

**Company Information**

Name  
Address  
City  
State                  Zip  
Tax ID Number

**Contact Information**

Name  
Phone Number (        )  
800 Number        (800)  
Fax  
E-Mail Address

**Section 2**

Are You A New Provider ☐ YES ☐ NO    *If Yes, Please Complete Section 5*  
Are You Replacing A Course, ☐ YES ☐ NO  
If Yes Indicate Course Number

**Section 3**

**Course Title/Name**

If Classroom/Lecture please complete the following:

**Location (include address)**

**Instructor**

**Qualifications of Instructor (include resume)**

**Section 4**

Method Of Instruction

☐ Classroom/Lecture  
☐ Seminar

☐ Correspondence  
☐ College/University

☐ Employee Training  
☐ Other

Hours Of Instruction Or Classroom Hours

Method Of Determining Satisfactory Completion

☐ Examination        ☐ Attendance        ☐ Report        ☐ Other

Names Of Authorized Representatives To Sign Certificate Of Completion

Primary

Secondary

**Section 5**

**METHOD OF PAYMENT**

*(THIS SECTION APPLIES TO NEW PROVIDERS ONLY!!!!!! FEE IS \$272.00)*

CHECK ☐    MONEY ORDER ☐    CREDIT OR DEBIT CARD ☐

CARD TYPE	CARD NUMBER	EXPIRATION DATE
NAME OF CARDHOLDER	SIGNATURE	BILLING ZIP CODE

Revised 5/11/2004